

9715

MARGIN RESERVED FOR BINDING

N.B.—WRITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Cochise</u> State <u>Arizona</u>		State File No. <u>112</u>	
Township <u>Douglas</u> or Village				City <u>Douglas</u>		Registered No. <u>162</u>	
Length of residence in city or town where death occurred				(If death occurred in a hospital or institution, give its NAME instead of street and number)		St. <u>No. County Hospital</u> Ward	
2. FULL NAME <u>Anita Herrea</u>				(a) Residence: No. <u>Tombstone, Arizona</u> St. <u></u> Ward <u></u>		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Jose Herrea</u>							
6. DATE OF BIRTH (month, day, and year)							
7. AGE		Years <u>64</u>	Months	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Retired					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country)		Not known					
13. NAME		"					
14. BIRTHPLACE (city or town) (State or country)		"					
15. MAIDEN NAME		"					
16. BIRTHPLACE (city or town) (State or country)		"					
17. INFORMANT (Address)		Cochise Co Hospital Records Douglas, Arizona					
18. BURIAL, CREMATION, OR REMOVAL Place		Tombstone, Arizona Date <u>8-8-31</u> 19 <u>31</u>					
19. UNDERTAKER (Address)		Porter & Ames Douglas, Arizona					
20. Filed		<u>8/8/31</u> <u>J. J. J.</u> Registrar					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>8-7-31</u> 19 <u>31</u>							
22. <u>8-6-31</u> I HEREBY CERTIFY, That I attended deceased from <u>8-7-31</u> 19 <u>31</u>							
I last saw <u>or</u> alive on <u>8-7-31</u> 19 <u>31</u> death is said to have occurred on the date stated above, at <u>4-00PM</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Dysentery - type not determined</u>							
<u>Bronchopneumonia - diffuse</u>							
<u>with lungs</u>							
Other contributory causes of importance:							
Name of operation <u>6</u> Date of <u>none</u>							
What test confirmed diagnosis? <u>Exam</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify							
(Signed) <u>Jack Hied</u> M.D.							
(Address) <u>636 - 107 St Douglas Ariz.</u>							